

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2218

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA

life life

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

St. Joseph Hospital

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION.)

A. STATE Arizona

B. COUNTY Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN

Phoenix, rural

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

5135 N. 13th Place

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

Inf. B

Candy

Painter

4. SEX

Female

5. COLOR OR RACE

White

6. MARRIED

NEVER MARRIED

WIDOWED

DIVORCED

7. DATE OF BIRTH

MONTH

DAY

YEAR

Mar

26

1951

8. AGE

YEARS

MONTHS

DAYS

0

0

0

IF UNDER 24 HOURS

HOURS

MIN.

3

29

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).

None

9B. KIND OF BUSINESS OR INDUSTRY

None

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Arizona

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR, OR DATES OF SERVICE)

No

13. SOCIAL SECURITY NO.

None

14A. FATHER'S NAME

Robert R. Painter

14B. BIRTHPLACE (STATE OR COUNTRY)

Ohio

15A. MOTHER'S MAIDEN NAME

Evelyn S. Stehle

15B. BIRTHPLACE (STATE OR COUNTRY)

Ohio

16. INFORMANT'S SIGNATURE

ADDRESS

Phoenix, Ariz.

17. DATE OF DEATH

(MONTH)

March

(DAY)

26

(YEAR)

1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

atelectasis both lungs

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b)

Prematurity - 28 weeks gestation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN.) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/26, 1951, TO 3/26, 1951, THAT I LAST SAW THE DECEASED ALIVE ON 3/26, 1951, AND THAT DEATH OCCURRED AT 1:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)

Robert J. Phillips M.D.

23B. ADDRESS

150 W. McDowell, Phoenix

23C. DATE SIGNED

3/26/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE

Mar 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Memory Lawn Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

3/28/51 Beulah Johnston

25. FUNERAL DIRECTOR'S SIGNATURE

A. L. Moore

26. ADDRESS

A. L. MOORE & SONS PHOENIX, ARIZONA

CERT. NO.

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